

BP-A408\_ACKNOWLEDGMENT OF INMATE, PART 3 & 4

### 3. MONITORING OF INMATE TELEPHONE CALLS

The Bureau of Prisons reserves the authority to monitor (this includes recording) conversations on any telephone located within its institutions, said monitoring to be done to preserve the security and orderly management of the institution and to protect the public. An inmate's use of institutional telephones constitutes consent to this monitoring. A properly placed phone call to an attorney is not monitored. You must contact your unit team to request an unmonitored attorney call.

I have read or had read to me (cross out one) the above notification on the monitoring of inmate telephone calls. I understand that telephone calls I make from institution telephones may be monitored and recorded.

Signature of Inmate \_\_\_\_\_ Date \_\_\_\_\_

I hereby certify that the above information was [cross out incorrect statements] (provided to the inmate to read) and/or was (read and fully explained by me to the above inmate). The inmate (signed)/(refused) to sign.

Printed Name of Staff Member

Signature of Staff Member

Date

#### 4. NOTIFICATION IN CASE OF DEATH / ILLNESS, DISPOSITION OF PROPERTY

In the event I should die, I direct that my \_\_\_\_\_, whose name is \_\_\_\_\_  
(Relationship)

and whose address is \_\_\_\_\_

(Street) (City) (State) (Zip Code)

\_\_\_\_\_ be notified.  
(Telephone Number)

In the event the Bureau of Prisons staff is unable to locate the above designated person, following a reasonable search, I authorize the substitution of the following person in his or her stead.

(Name)

(Relationship)

(Address)

(Telephone Number )

I authorize the Bureau of Prisons to transmit my property and personal effects including money remaining to my credit in, or due me from the Bureau of Prisons to my next of kin in accordance with state law.

I agree further that disposition may be made of my personal property located within the prison facility, including clothing, in accordance with the rules and regulations of the Bureau of Prisons.

In case of serious illness or other emergency the above named persons may be contacted to be notified of my condition. I also desire and authorize that the following be notified.

Name

Relationship

Address

Telephone Number

Signature of Inmate \_\_\_\_\_ Date \_\_\_\_\_

I hereby certify that the above notification was [cross out incorrect statements] (provided to the inmate to read) and/or was (read and fully explained by me to the above named inmate) before the inmate (voluntarily signed)/(refused to sign) this \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_\_.

Printed Name of Staff Member

Signature of Staff Member

Date \_\_\_\_\_